

This is from "About AA - Newsletter for Professionals"

Elaine McDowell, Ph.D., for the past nine years a Class A (nonalcoholic) trustee of Alcoholics Anonymous, was elected chairperson of the General Service Board at its April meeting.

A.A.'s Singleness of Purpose

So often in A.A., everything old is new again. Today, for instance, many people suffering a variety of ailments other than alcoholism are steered to A.A., causing confusion among members and the professional community alike. A new problem? Not at all. More than 40 years ago the Fellowship was faced with a similar conflict, and Bill W.'s response cut to the heart of A.A.'s reason for being, its singleness of purpose.

"Sobriety—freedom from alcohol — through the teaching and practice of the Twelve Steps, is the sole purpose of an A.A. group," he wrote in the February 1958 issue of the A.A. Grapevine. "Groups have repeatedly tried other activities, and they have always failed. It has also been learned that there is no possible way to make non-alcoholics into A.A. members. We have to confine our membership to alcoholics, and we have to confine our A.A. groups to a single purpose. If we don't stick to these principles, we shall almost certainly collapse. And if we collapse, we cannot help anyone."

'Identification Is the Key to Recovery'

Additionally, points out A.A. member Allan W., Southeast New York's delegate to A.A.'s General Service Conference, that acts as the group conscience for A.A. in the U.S. and Canada, and chairman of the 2002 Conference Committee on Cooperation With the Professional Community (C.P.C.), "Bill was convinced that the more A.A. 'tends to its own affairs and minds its own business,' the more unified, successful and respected we'll be." (Alcoholics Anonymous Comes of Age, p. 233) Allan says. "We welcome people who share about things that might threaten their sobriety, but the common denominator must be alcoholism. Alcoholics may wrestle with several other addictions as well, but all addicts are not alcoholics; all overeaters or gamblers or drug-takers are not alcoholics. In hammering out A.A.'s primary purpose — 'to stay sober and help other alcoholics to achieve sobriety' — this was the point our founders felt to be so vital to the long-term stability of the Fellowship."

Look to the Newcomer Says A.A. member and past delegate Susan C., who currently is a director of the Grapevine Corporate Board: "Think of the newcomer. If A.A. swings wide the gates, where's the identification? A.A. never said we were for everybody, though if someone needs help with a problem other than alcohol, individual members will certainly try to help them get it." Moreover, she notes, "A.A. is mindful of the need to encourage any and all ways to help the suffering alcoholic, and we are grateful for any agency or method that tries to solve the problem of alcoholism. But we have Traditions that prevent us from affiliating with anyone, even as outside agencies are under no obligation to abide by our own self-imposed singleness of purpose."

"For years now," Susan relates, "treatment centers and the courts have commonly lumped alcoholism and drug addiction under the term 'substance abuse' or 'chemical dependency.' People, both alcoholic and nonalcoholic, are introduced to A.A. and encouraged to go to meetings on the 'outside' when they leave. This, despite the fact that while anyone is welcome to attend open A.A. meetings, only persons with a drinking problem are encouraged to participate in closed meetings or become A.A. members. It's a continuing problem that causes real difficulty for A.A. groups."

The answer, as she sees it, is to achieve ever more effective public understanding, especially among professionals. One way, she feels, is to communicate with the nonalcoholic addict what A.A. is and isn't. Susan believes that cooperation with professionals—in health care, the legal system, education, the clergy and more—"is essential to our ongoing commitment 'to be there when anyone, anywhere reaches out for help.' But, as eternal vigilance is the price of our sobriety, let it also be the watchword for our cooperation without a hint of affiliation."

'Singleness of Purpose Is A.A.'s Strength'

Elaine McDowell, Ph.D., A.A.'s new chairperson, believes that "members' ability to understand and adhere to its primary purpose is A.A.'s real strength." Noting that "the Fellowship is a program of attraction rather than promotion, in the spirit of its Eleventh Tradition," she observes that "for 66 years the hand of A.A. has been there for the alcoholic. It works! To waver from its primary purpose would compromise A.A.'s principles and diminish its effectiveness in attracting and retaining alcoholics."

A.A.'s wide network of service committees—including Correctional Facilities, Treatment Facilities, Public Information and Cooperation With the Professional Community — “are all focused on making the hand of A.A. available to the suffering alcoholic,” Elaine points out. These committees, made up of dedicated A.A.s, will go to any lengths to reach the professionals who see, treat and counsel alcoholics. Even now many of them have limited knowledge or understanding of A.A.'s singleness of purpose, which is one reason why a sizable segment of people still think of A.A. as a catch-all treatment program—they believe that if it can work for the alcoholic it will work for any addict. So the answer is to inform the public and professionals alike—in lawyers’ offices, jails and prisons, hospital waiting rooms, seminaries, medical schools—wherever they are.”

Keep Talking, Keep Communicating

Class A (nonalcoholic) trustee George E. Vaillant, M.D., immediate past chairman of the trustees’ C.P.C./Treatment Facilities Committee, has consistently emphasized the role of hope in recovery from alcoholism, but with a caveat: “Hope is not something we can simply hand to another,” he affirms. “We can share only our own hope, just as A.A.s can share only their own strength and experience in sobriety. More and more,” he points out, “A.A. is seeing newcomers who are addicted to alcohol and one or more other substances besides, and often they’ll share more about shooting up and snorting and popping than about their drinking. Many A.A.s can’t identify and get upset. But if these newcomers express a desire to stop drinking, or think they might be alcoholics, it’s possible, even likely, that they didn’t land in an A.A. meeting by error.

“Some people may see the singleness of purpose of A.A. as exclusive rather than focused. That is a mistake. Each year alcoholism kills 100,000 people—more than die from diabetes or from all other drugs (except nicotine) combined. Alcoholism is enough of a problem for any program of recovery to focus on.” On balance, says George, “if everyone just keeps talking, keeps communicating, then I believe that those who would fare better in another program, such as N.A. or P.A. [Pills Anonymous], will find an appropriate home — and hopefully the alcoholic will stick around A.A. and get well. Patience is called for, and tolerance. Alcoholism is a killer illness, and we don’t want even one alcoholic seeking help to fall between the cracks.”

Other Twelfth-Step Programs Look at A.A.

Dozens of self-help programs flourishing today borrow from A.A.'s Steps, Traditions and Concepts—just as A.A. itself came about through the experience and wisdom of others, including various religions and the Oxford Group. One such is Narcotics Anonymous, founded in 1953, which lists thousands of groups worldwide. Some years ago, in their newsletter *Newsline*, N.A.'s trustees shared “Some Thoughts on Our Relationship to A.A.”

“N.A.,” the trustees stated, “is modeled after, though not identical to A.A. Nearly every N.A. group in existence has leaned to some degree on A.A. in its formative stages. Our relationship with that Fellowship over the years has been very real and dynamic.” The trustees noted that “one of A.A.'s greatest strengths is its single-minded focus on one thing only: By limiting its primary purpose to carrying the message to alcoholics, avoiding all other activities, A.A. is able to do that one thing supremely well. . . .

“From early on, A.A. was confronted by a perplexing problem: ‘What do we do with drug addicts? They come in here talking about drugs, inadvertently weakening our atmosphere of identification.’ The Steps were written, the Big Book was written — were they supposed to rewrite it all? Allow identification to blur so that no one acquired a clear sense of belonging? Kick these dying people back into the street?” In the end, the N.A. trustees noted, “A.A. said that while they cannot accept nonalcoholic addicts as members, they freely offer their Steps and Traditions for adaptation by any groups who wish to use them. They pledged their support in a spirit of ‘cooperation, not affiliation.’ This farsighted solution to a difficult problem paved the way for the development of the N.A. fellowship.”

Another fast-growing self-help organization that views A.A. as its model is Cocaine Anonymous (C.A.), now nearing its 20th anniversary. Reflecting on C.A.'s “excellent relationship” with A.A., past C.A. world service trustee Jennifer R., of Costa Rica, explained, “In C.A. our common identification is expressed in Step One: ‘We admitted we were powerless over cocaine and all other mind-altering substances — that our lives had become unmanageable.’ Even as we look to A.A. for guidance, we are separate, because each fellowship has a unique primary purpose. Each time someone recovers—whether from alcoholism in A.A. or from mind-altering substances in C.A. — we are helping each other.”

Singleness of Purpose

by George E. Valiant, M. D., Class A (nonalcoholic) trustee
A.A. General Service Board

"Singleness of purpose" is essential to the effective treatment of alcoholism. The reason for such exaggerated focus is to overcome denial. The denial associated with alcoholism is cunning, baffling, and powerful and affects the patient, helper, and the community. Unless alcoholism is kept relentlessly in the foreground, other issues will usurp everybody's attention.

Mental health workers, however, have great difficulty with A.A.'s Fifth Tradition: "Each group has but one primary purpose-to carry its message to the alcoholic who still suffers." Since mental health workers often admire the success and geographic availability of Alcoholics Anonymous, they understandably wish to broaden its membership to include other substance abusers. They also note that pure alcohol abuse is becoming less frequent, and polydrug abuse more common. In addition, mental health workers sometimes view singleness of purpose as outmoded and exclusionary. They worry that the Tradition is a holdover from the early days of A.A. and that the young, the poor and the minority with a criminal record will be barred. Besides, when there is no professional drug treatment center or Narcotics Anonymous (NA) group easily available, mental health workers find it hard to understand why A.A., with its tradition of Twelfth Step work, won't step in and fill the breach.

As both a mental health worker and a researcher, it seems to me that there are two arguments that trump these concerns. First, the Third Tradition of A.A., "The only requirement for A.A. membership is a desire to stop drinking," renders A.A. non-exclusionary. Each year A.A. welcomes many thousands of minorities, many thousands of poor, many thousands of alcoholics with coexistent drug problems and tens of thousands of convicts into its membership. Nobody with a desire to stop drinking is excluded.

The second argument, that "Singleness of Purpose" is necessary to overcome denial, is even more compelling. Given a choice, nobody wants to talk about alcoholism. In contrast, drug addiction commands newspaper headlines, research funding and the attention of clinical audiences. After two years of work at the Lexington, Kentucky Federal Narcotics Treatment Center, I, a mere assistant professor, was invited around the world to lecture on heroin addiction. In the late 1990s, as a full professor and after 25 years of research on alcoholism and its enormous morbidity, I was finally asked to give a medical grand rounds on alcohol in my home city. My assigned topic, "Why alcohol is good for your health." In short, the greatest single obstacle to the proper treatment of alcoholism is denial.

I first began my psychiatric career at a deeply dedicated community health center. The community had voted alcohol abuse as their biggest problem. After its first ten years of operation the center was still conforming itself to addressing the community's most pressing second, third, and fourth problems. No resources at all were devoted to alcohol treatment.

I moved to another community mental health center that had listened to its citizens and had opened an alcohol treatment center. In being asked to fill the position of co-director of the clinic I was the last staff psychiatrist hired by the mental health center. Significantly, I had had no experience with alcoholism, but no one else wanted the job.

Put differently, the experimentally documented success of A.A. in the treatment of alcoholism is in part because A.A. groups are the only place in the world where the focus is on alcoholism and nothing but alcoholism. There is simply no other way to overcome the denial.

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